

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers

FROM/PHONE: Bonnie Stafiej, Director Special Projects

PREPARED BY: Bonnie Stafiej, Director Special Projects/954-797-1163

SUBJECT: Parade Permit

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: A PARADE PERMIT REQUEST AUTHORIZING THE TOWN OF DAVIE TO PERMIT THE FOREST RIDGE HOLLY DAY PARADE COMMITTEE TO ASSEMBLE

REPORT IN BRIEF: Attached is a Parade Permit presented by the Forest Ridge Holly Day Parade Committee seeking permission to host their Annual Community Parade in Forest Ridge on Saturday, December 1, 2007.

PREVIOUS ACTIONS: The Forest Ridge Holly Day Parade Committee has held this parade for the past seven years without incident. They have presented the town of Davie with required event insurance.

CONCURRENCES:

FISCAL IMPACT: not applicable

Has request been budgeted? n/a

RECOMMENDATION(S): Motion to Approve Parade Permit

Attachment(s):

- 1) Letter of intent
- 2) Parade Permit
- 3) Certificate of Insurance



Forest Ridge Holly Day Parade Committee

Forest Ridge Community, Davie, Florida

Members

Alice Barry
Old Orchard

Denise Bell
The Ridge on Nob Hill

Linda Lee Granger
Chapel Hill

Lynne Grubbs
Old Orchard

Sherri Hall
Southern Orchard

Lorraine Hofheinz
Old Orchard

Julie Magaldie
The Continental Group

Kris Johnston
Oak Grove

Frann Korn
Old Orchard

Miriam Lee
Oak Grove

Joyce MacDonald
Southern Orchard

Beverly Payne
Old Orchard

Kitty Preziosi
Old Orchard

Kathy Raines
The Ridge on Nob Hill

Patti Reid
Old Orchard

Kathleen Shahoud
Southern Orchard

Fran Smyth
Old Orchard

Susan Starkey
Old Orchard

Established 2000

October 25, 2007

Ms. Bonnie Stafiej, Director
Special Projects and Cultural Arts
Town of Davie
6591 Orange Drive,
Davie, FL 33314

Dear Bonnie:

Enclosed are our parade permit application along with the Certificate of Insurance for the Eighth Annual Forest Ridge Holly Day Parade set for Saturday, December 1, 2007, with step-off at 1:00 pm.

Thank you again for your ongoing support to us over the past seven years in bringing this joyous event to our community. I hope you can join us this year at the parade.

I look forward to hearing of the approval at a November 2007 Town Council Meeting.

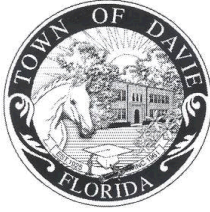
Sincerely,

Kitty Preziosi
Co-Founder and Chair

Enclosure: Permit Application
Certificate of Insurance

*Kitty Preziosi, Chairman -Phone: 954-915-0101- Fax: 954-915-9912
9441 Hollyhock Ct., Davie, FL 33328 e-mail: KittyPrez@aol.com*





SPECIAL PROJECTS DEPARTMENT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1153 • FAX: 954.797.2078 • WWW.DAVIE-FL.GOV

PARADE PERMIT APPLICATION

Date: 10/25/07
Organization: Forest Ridge Holly Day Committee
Address: 90 9441 Hollyhock Ct Davie FL 33328
City State Zip
Name of Representative(s): Kitty Preziosi Phone: 954-915-0101
Address: same as above
City State Zip
Number of Parade Entrants: 250 Number of Spectators Expected: 750
Date of Parade: 12/1/07 Hours of Parade: 1:00 to 3:00 pm
Route of Parade: Starts at statue at F.R.
Entrance off Pine Island, goes north
on Forest Ridge Circle, enters Old
Orchard & returns to start via Old Orchard
Rd.
Applicant's Signature: [Signature]
Date of Council Meeting: _____
Approved _____ Denied _____

****This application will be reviewed by a staff committee and if warranted, there may be a possibility of a service fee due to the size/extent of the event.**

NOTE: Per Section 21-4 of the Town's Code, the Town Council shall be sole authority for the approval of permits to conduct parades on or about the Town's public rights-of-way. The civic organization making application to conduct such parade shall have the sole responsibility and prerogative to determine who the participants and participating organizations shall be. Permits shall be granted subject to federal, State and Town of Davie laws.

THE TOWN OF DAVIE REQUIRES A CERTIFICATE OF INSURANCE OF NO LESS THAN \$1,000,000 NAMING THE TOWN OF DAVIE AS AN ADDITIONAL INSURED.

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/23/2007
PRODUCER (954)315-5000 FAX (954)315-5050 Corporate Insurance Advisors, LLC 100 NE 3rd Avenue Suite 1000 Ft. Lauderdale, FL 33301		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Forest Ridge Master HOA Inc DBA: c/o The Continental Group Inc 2950 N 28 Terr Hollywood, FL 33020		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Insurance Co.		
INSURER B: Travelers Insurance Company		
INSURER C:		
INSURER D:		
INSURER E:		

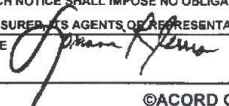
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	PHPK229256	04/29/2007	04/29/2008	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY	PHUB083747	04/29/2007	04/29/2008	EACH OCCURRENCE \$ 3,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 3,000,000
		<input checked="" type="checkbox"/> DEDUCTIBLE				
		RETENTION \$ 10,000				
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	103310634	05/26/2007	05/26/2008	WC STATU-TORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER Employee Dishonesty Bond				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The Town of Davie is listed on the insureds policy as an additional insured

WE COVER COMMON AREAS ONLY FOR LIABILITY

CERTIFICATE HOLDER	CANCELLATION
Town of Davie 6591 Orange Drive Davie, FL 33314	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER'S AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Additional Coverages and Factors

10/23/2007**Line of Business Coverages for General Liability**

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000				
Products/Completed Ops	2,000,000				
Aggregate					
Personal & Advertising	1,000,000				
Injury					
Each Occurrence	1,000,000				
Fire Damage	100,000				
Medical Expense	5,000				

